

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-020314

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

2634

STATE FILE NUMBER

VS 300
Rev. 4/59

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234382

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99/60

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13

DATE AMENDED

5-7-63

5-16-63

5-16-63

INSTANT OF

La Vonne Smith

1911

Jack - Unknown

BY AFFIDAVIT OF

Funeral Director - Informant

High H. Owens

MEDICAL CERTIFICATION

ITEM NO.

3

Should Read

Evelyn Lavon Howell Smith

2-14-1912

13a & b

Oscar - Carrie Entzminger

BY AFFIDAVIT OF

Funeral Director - Informant

High H. Owens

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 30 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GENERAL HOSPITAL		d. STREET ADDRESS (If outside, give location) 2811 CAMPBELL	
3. NAME OF DECEASED (Type or print) First Evelyn Middle Lavon Last SMITH LA VONNE		4. DATE OF DEATH Month MAY Day 5, Year 1963	
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-14-1912
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Last employed		10b. KIND OF BUSINESS OR INDUSTRY Rolland Studios	
11. BIRTHPLACE (City and state or country) Bronson, Kansas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Jack Howell, Oscar		13b. MOTHER'S MAIDEN NAME Unknown Carrie Entzminger	
14. NAME OF HUSBAND OR WIFE Charles O. Smith-deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. [redacted]		17. INFORMANT Joyce McMurphy-4212 E. 9th	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Burns 85% body		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Bed Caught fire		20c. TIME OF INJURY Hour Month, Day, Year 5-5-63	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Res	
20f. CITY, TOWN, OR LOCATION Kansas City		COUNTY JACKSON STATE MO	
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) High H. Owens	
22b. ADDRESS 157 Union Station		22c. DATE SIGNED 5-6-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5-8-1963	
23c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory		23d. LOCATION (City, town, or county) Kansas City, Missouri	
24. FUNERAL DIRECTOR MUEHLEBACH		25. DATE RECD. BY LOCAL REG. 5-6-63	
26. REGISTRAR'S SIGNATURE R. With Long			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert L. Landes

Licensed Embalmer No. 5103

P. O. Address A. E. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.